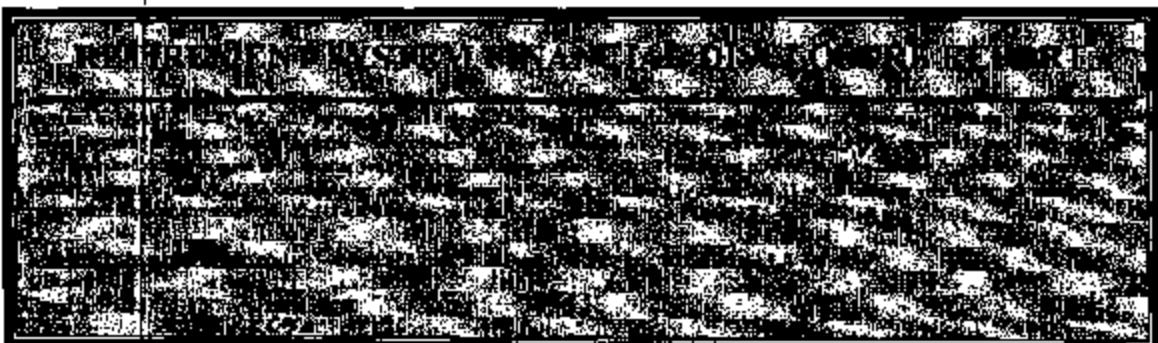


2090060

2009-005

**REPORT COVERING:**

G JANUARY 1 through JUNE 30, _____ - DUE BY AUGUST 15

G JANUARY 1 through DECEMBER 31, 2008 - DUE BY FEBRUARY 15

FOR OFFICE USE ONLY

Postmark Date: _____

1. Name:

STEVENS Connie L
 Last First Middle

2. Business Address:

2237 S ADOBE THE JEWELRY STE 702
 Street and No. City State Zip

Mailing Address: BATON ROUGE LA 70808

3. Business Phone: 225-421-3062

Area Code and Telephone Number

4. Employer: GREAT-WEST RETIREMENT SERVICES**5. Employer's address:** 9515 E DECORWOOD RD GLENDALE VILLAGE, OH 44111
 Street and No. City State Zip**6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:**

From January 1 through June 30?

Yes

No

NA

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:

From January 1 through June 30?

Yes

No

NA

From July 1 through December 31?

Yes

No

NA

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

- 1) a. Name of Retirement System: LOUISIANA PUBLIC EMPLOYEES DEFERRED COMPENSATION PLAN
- b. Total of all expenditures made January 1 through June 30: \$ 135
- c. Total of all expenditures made July 1 through December 31: \$ 1573
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 1708
- 2) a. Name of Retirement System: CLERKS OF COURT RETIREMENT PLAN
- b. Total of all expenditures made January 1 through June 30: \$ 0
- c. Total of all expenditures made July 1 through December 31: \$ 14
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 14
- 3) a. Name of Retirement System: LASERS
- b. Total of all expenditures made January 1 through June 30: \$ 55
- c. Total of all expenditures made July 1 through December 31: \$ 20
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 65

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

Connie L. Stoen

Signature of Filer

1. OFFICIAL'S NAME	2. NAME OF RETIREMENT SYSTEM	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 OR ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$50 BETWEEN JANUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 OR ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$50 BETWEEN JULY 1 AND DECEMBER 31	5. TOTAL OF COLUMNS 3 AND 4
EMERY BARRE	LOUISIANA PENSION	No	96	96
VIRGINIA BURST	EMPLOYEE		96	96
JOHN COMPTON	DEFERRED		96	96
TROY SEARLES	COMPENSATION		96	96
WINT ESTATE	PLAN		96	96
JIM ROLLAND		V	96	96

I have some concerns about the definition of "state or statewide public retirement system" as it relates to the Deferred Compensation.

Connie L. Stevens